

Public Health Performance Management Centers for Excellence

2012 Quality Improvement Grantees
Learning Congress

November 1, 2012

Immunization Program QI Project



Public Health

Whatcom County Health Department

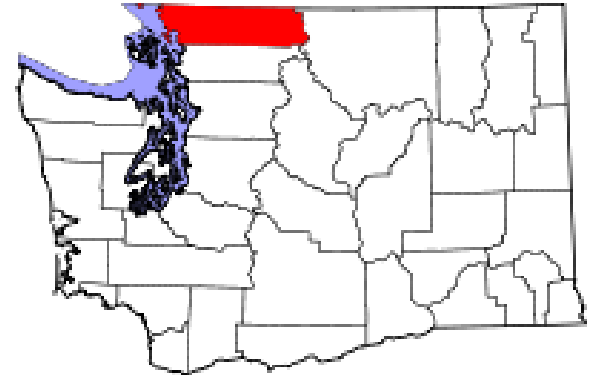
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Whatcom County

- Total population: 203,500
- 87,921 (43%) residing in unincorporated areas
- 73.4 FTEs and annual budget of \$18,676,874
- Quality improvement experience:
 - ⇒ 2011: Wrote Performance Management System & QI Plan
 - ⇒ 2011: Monthly meetings of new Performance Management Council
 - ⇒ 2010-2012: Completed three formal QI projects and 3 QI trainings
 - ⇒ New Performance Management Specialist position
 - ⇒ Two new QI projects just launched



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Project Team

- Alice Clayton, CD & Epi PHN
- Alice Simmons, Immunization Program Supervisor
- Ben Scholtz, Public Health Advisory Board Member
- Connie Kelley, Immunization Program PHN
- German Gonzalez, MD & CD & Epi Program Manager
- Sandy Abernathy, Immunization Program PHN
- Scott Davis, Centers for Excellence Trainer
- Susan Sloan, Performance Management Specialist
- Terry Hinz, Assistant Director
- Tracey Hugel, Family Care Network



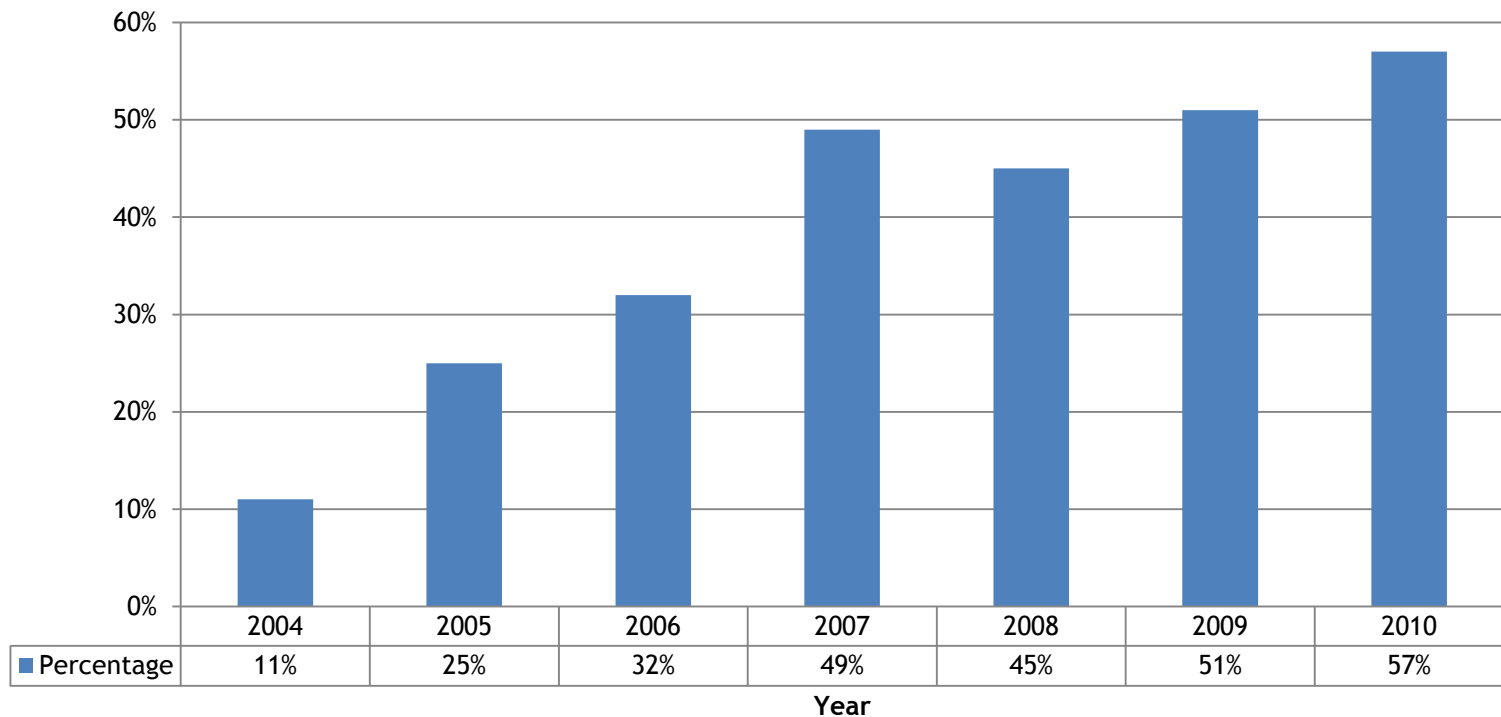
Scott's Role



**"This means something
but I can't remember what!"**

WCHD Immunization Program QI Project

Percentage of Whatcom County Children (19-35 months) with up-to-date immunization status (4-3-1-3-3) in Child Profile Registry



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AIM Statement

- *#1: Our PHIP goal is to further increase two-year-old “up-to-date” immunization rates to 80% by September 29, 2012.*
- *REVISED 5/8/12: Reduce number of steps required to enter, retrieve and report Vaccine for Children (VFC) and AFIX data by at least 30% by July 2, 2012.*

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Project Activities

- Conduct a detailed review of the Vaccine for Children Compliance (VFC) and Assessment Feedback Incentives and eXchange (AFIX) site visit process flow
- Measure the number of steps in the process and also the time required to currently complete VFC and AFIX visits
- Pinpoint redundant and/or inefficient steps in the site visit process
- Create a new process
- Establish a standardized VFC and AFIX visit process based on test results

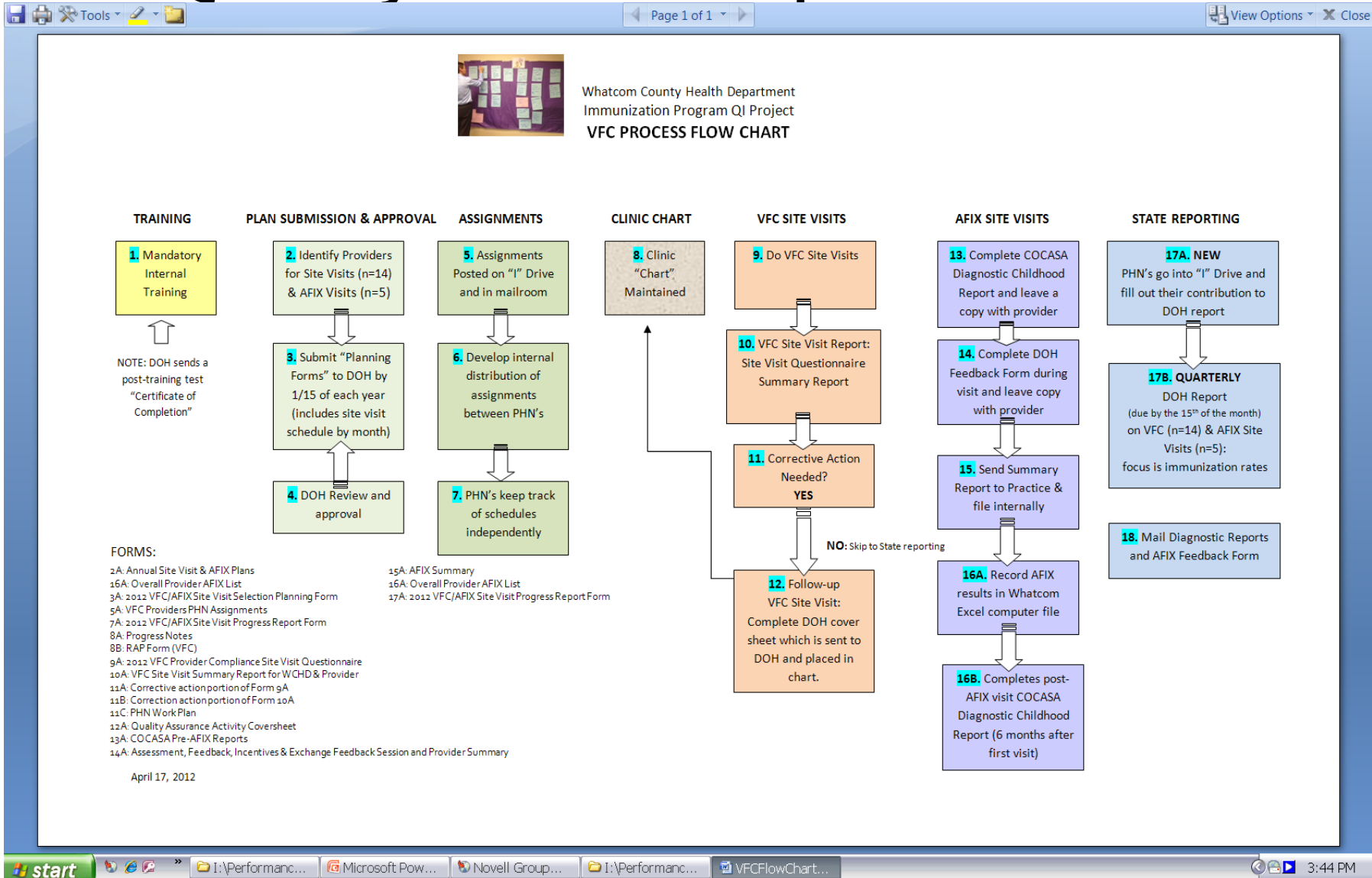
Quality Tools - Root Cause



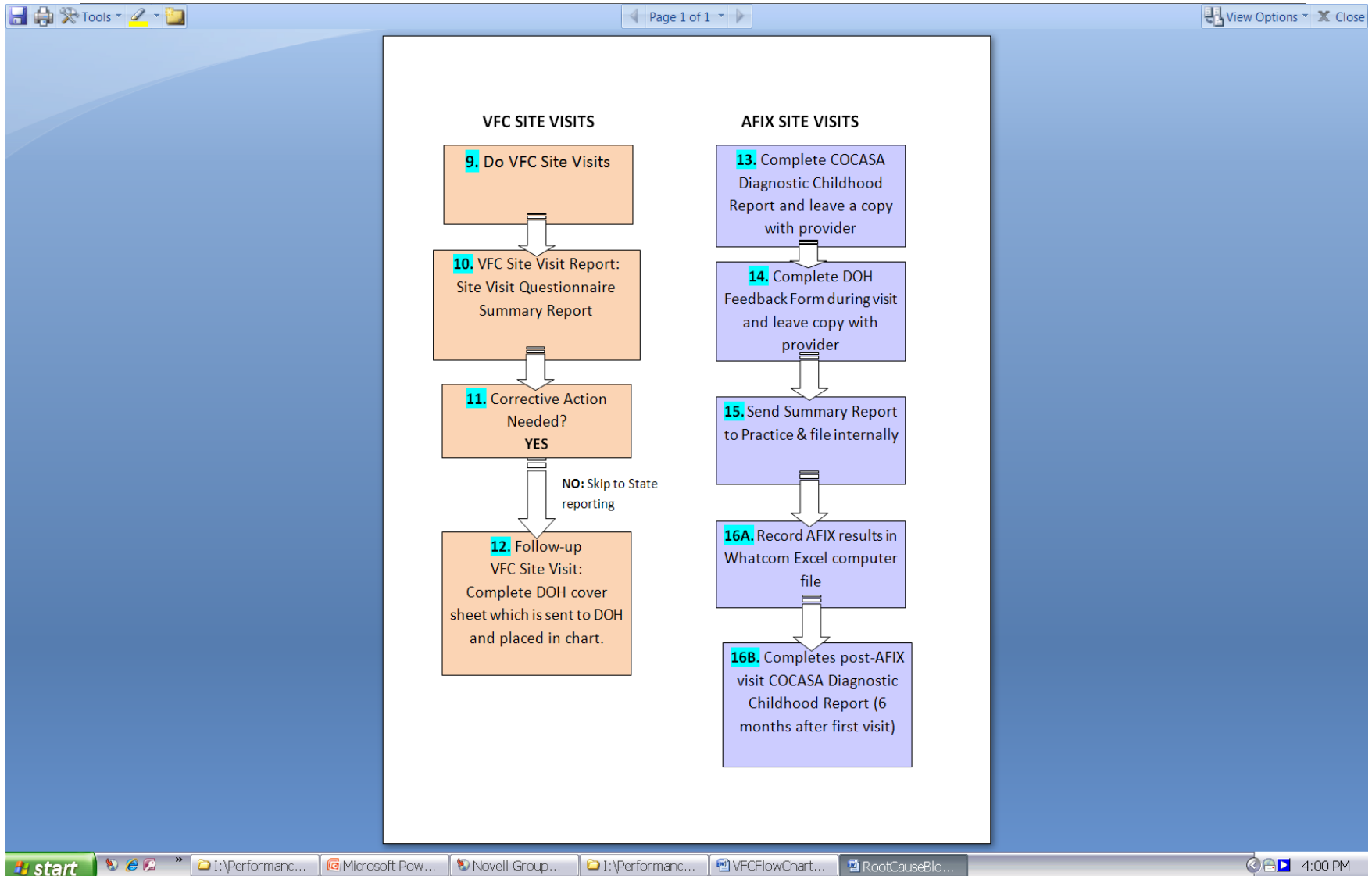
Quality Tools - Root Cause

- ❖ *Redundancies in the VFC & AFIX process flow that could be eliminated*
- ❖ *Transcription of VFC & AFIX notes after a site visit is likely an inefficient use of time*
- ❖ *Variations in the process as implemented by each PHN*
- ❖ *Lack of clarity about internal tracking forms—too many forms and repetitious fields*
- ❖ *Periodic modifications in DOH reporting requirements*

Quality Tools - Improvement



Quality Tools - Improvement



Quality Tools - Improvement

- ☒ *Instituted use of laptops in the field with downloaded VFC & AFIX site visit forms*
- ☒ *Sent reports electronically to healthcare provider and DOH immediately following visit.*
- ☒ *Eliminated staff time and costs associated with printing, copying and mailing VFC & AFIX reports to DOH and the provider office.*
- ☒ *Developed a single tracking form that eliminated duplication and increased staff clarity*

- ☐ *Eliminate provider paper & pencil charts (pending)*
- ☐ *Eliminate VFC & AFIX visit summary (based on provider survey the team decided NOT to eliminate because of value to provider office.)*

Results – COST SAVINGS

Average VFC visit times (including prep and actual visit):

Pre-improvement: 7.25 hrs. per visit

Post-improvement: 6.71 hrs. per visit

*SAVINGS .54 hrs. per visit
= \$34.16 Per visit (approx. 30 minutes)*

*Approximate additional savings in staff time and costs
associated with printing, copying and mailing VFC reports
to DOH and the provider office.*

*SAVINGS = \$45.00 per visit
(includes approx. 40 minutes of staff time)*

COST SAVINGS PER VISIT \$34.16 + \$45.00 = \$79.16

ANNUAL COST SAVINGS = \$79.16 X 14 visits = \$1,108.24

Results – TIME SAVINGS

Average VFC visit times (including prep and actual visit):

Pre-improvement: 7.25 hrs. per visit

Post-improvement: 6.71 hrs. per visit

SAVINGS .54 hrs. per visit

Approximate additional savings in staff time associated with printing, copying and mailing VFC reports to DOH and the provider office.

SAVINGS = .67 hrs. per visit

TIME SAVINGS PER VISIT .54 + .67 hrs. = 1.21 hours

ANNUAL TIME SAVINGS = 1.21 hrs. x 14 = 17 hours

Results – COLLATERAL GAINS

WHILE COST SAVINGS FOR THIS PROJECT WERE MODEST, THERE IS NO DISCOUNTING THE FOLLOWING COLLATERAL GAINS:

- ❖ **PHAB Standard 8.2:** This project addressed gaps in staff competencies enabling our organization to provide individual quality improvement training and coaching and staff development opportunities to two managers, a supervisor, a member of our Public Health Advisory Board, and four additional staff members.
- ❖ **PHAB Standard 9.2:** This project expanded the scope of our Quality Improvement activities:
 - It was our first formal Plan-Do-Study-Act project in our Communicable Disease & Epidemiology Division
 - It provided substantive content to our Performance Management Council and allowed us to integrate QI “thinking” into our PM Council practice and processes.

KEY LEARNINGS

- *Work on processes over which we have control*
- *Set realistic goals*
- *Choose QI challenges that relate directly to our Department's strategic plans*
- *Share our enthusiasm for QI with other staff*

-QI Team & PM Council

Next Steps

- Conduct post-improvement time counts for AFIX visits
- Measure AFIX cost savings pre/post
- ✓ Select additional program improvements, such as:
Plan-Do-Study-Act to reduce time spent during an immunization clinic appointment from 40 minutes to 30 minutes
- ✓ Create an ongoing quality improvement process as a standing weekly Immunization Program agenda item
- Establish a budget for quality improvement
- Share results/processes/learnings with other WA Immunization Programs

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For more information, contact:

Alice Simmons,
Immunization Program Supervisor
(360) 676-6724 x32029
asimmons@whatcomcounty.us

Susan Sloan,
Performance Management Specialist
(360) 676-6724 x50838
ssloan@whatcomcounty.us



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